

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/194297** FILING DATE
APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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50				
TOTAL IND.	2			
TOTAL DEP.	6			
TOTAL CLAIMS	8			

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				